

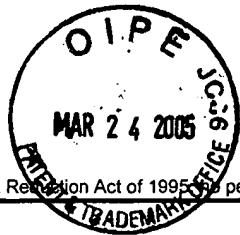
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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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|--|----|------------------------|----------------|
| Total Number of Pages in This Submission | 24 | Attorney Docket Number | 2102397-992930 |
|--|----|------------------------|----------------|

ENCLOSURES (Check all that apply)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached - \$500.00 <input checked="" type="checkbox"/> Amendment/Reply – 20 Pgs. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return Postcard. |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------------------|----------|--------|
| Firm Name | DLA Piper Rudnick Gray Cary US LLP | | |
| Signature | | | |
| Printed name | Edward B. Weller | | |
| Date | March 1, 2005 | Reg. No. | 37,468 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | |
|-----------------------|------------------|
| Signature | |
| Typed or printed name | Rosa A. Caviedes |
| Date March 1, 2005 | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. #108-189) Application Number

Complete If Known**FEE TRANSMITTAL
for FY 2005**

10/748,540

Filing Date December 29, 2003

First Named Inventor Hieu Van Tran

Examiner Name Zweizig, Jeffery Shawn

Art Unit 2816

Attorney Docket No. 2102397-992930

TOTAL AMOUNT OF PAYMENT (\$500.00)

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$500.00)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 07-1896 Deposit Account Name: DLA Piper Rudnick Gray Cary US LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fees Paid (\$) | Small Entity |
|--------------|----------------|----------|----------------|--------------|
| 49 | - 47 or HP = 2 | x 50 | = 100 | 50 25 |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fees Paid (\$) | Multiple Dependent Claims |
|---------------|----------------|----------|----------------|---------------------------|
| 16 | - 14 or HP = 2 | x 200 | = 400 | Fee (\$) |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 = | (round up to a whole number) x | = | Fee Paid (\$) |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

| | | | |
|-------------------|-------------------------|---|------------------------|
| Signature | <i>Edward B. Weller</i> | Registration No. 37,468 (Attorney/Agent) | Telephone 650-833-2436 |
| Name (Print/Type) | Edward B. Weller | | Date March 1, 2005 |

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/748,540
Applicant : Hieu Van Tran et al.

Filed : December 29, 2003
TC/A.U. : 2816
Examiner : Zweizig, Jeffery Shawn
Title : **LOW VOLTAGE CMOS BANDGAP REFERENCE**

Docket No. : 2102397-992930
Customer No. : 26379

M/S Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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P.O. Box 1450, Alexandria, VA 22313-1450, on:
March 1, 2005.


Rosa A. Caviedes

RESPONSE TO OFFICE ACTION OF JANUARY 13, 2005

Sir:

In response to the Office Action of January 13, 2005, please amend the above identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 18 of this paper.

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01 FC:1202 100.00 OP
02 FC:1201 400.00 OP

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